Conedian

10566927

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 Application or Decket Number 35005062

					ت	रप् ०५	092									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY					
U.S	. NATIONAL	STAGE FEES					lſ	RATE	FEE]	RATE	FEE				
BA:	SIC FEE		SMALL ENT	. = \$ 150	LAR	GE ENT. = \$ 300	a	ASIC FEE	180	OR	BASIC FEE					
EX	UMINATION FE	Ε	Sutisfies PCT A (4) = \$ 50			ther situations = \$ 100 / \$ 200	F	XAM FEE	50	1	EXAM FEE					
SEA	VRCH FEE		U.6. IS ISA = 1 ALL other co \$ 200 / \$	untries =		ther situations = \$ 250 / \$ 500	s	EARCH FEE	עטן		SEARCH FEE					
FEE	FOR EXTRA	SPEC. PGS.	.LÆ min	us 100 =		/ 50 =		X § 125 =	·		X \$ 250 =					
101	AL CHARGEA	BLE CLAIMS	72 m	Ju		X \$ 25 =	1360	OR	X \$ 50 =							
פאו	EPENDENT CL	AIMS	mbnus 3 = . 7				W	X \$ 100 =		OR	X \$ 200 =	_				
×	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	. •				
. 11	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	3300	OR	TOTAL.					
CLAIMS AS AMENDED - PART II 02-01-06 (Cotumn 1) (Cotumn 2) (Cotumn 3)								SMALL E	ENTITY	OR	OTHER SMALL E					
AMENDIŅENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	-72	Minus - ·	- 2	0	-52		X \$ 25 =	0	OR:	X-\$ 50 =					
	Independent	. 10	Minus :	***	3	· 7	[X \$ 100 **	0	OR	X \$ 200 =					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$·180 =		OR	+ \$ 360 =	·				
	.•	Ti	OTAL ADDIT. FEE	0	OR	YOYAL ADDIY. FEE										
		(Column 1)		(Colur	nn 2)	(Column 3)			,							
9 7		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
WENDWENT	Total	•	Minus .	**		9		X \$ 25 =		OR	X \$ 50 =					
A D	Independent	•	Minus	•••.			[3	(\$100=		OR	X \$ 200 =					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\$.180 =		OR	+ \$ 360 =					
				···			T	TAL ADDIT.		OR	TOTAL ADDIT. FEE					
								•								
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1,																
					-	The Trughest Number Previously Place For (Total or independent) is the highest number found in the appropriate book in column 1,										

FORM PTO-675 (Rev. 02/2005)

Pulset and Endomert Office - U.S. DEPARTMENT OF COMMER

Application or Docket Number

Effective December 8, 2004									38405042				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENT		OR	OTHER SMALL		
U.S. NATIONAL STAGE FEES			12			•		RATE	FEE	1	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150 L			GE ENT. = \$ 300	1	BASIC FEE	180	OR	BASIC FEE		
EXAMINATION FEE			Satisfies PCT / (4) = \$ 50	/\$ 100		ther situations = \$ 100 / \$ 200]	FXAM. FEE	50		EXAM. FEE		
SEA	ARCH FEE		U.S. is ISA = ALL other co \$ 200 / \$	untries =		ther situations = \$250 / \$ 500		SEARCH FEE	100		SEARCH FEE	1	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =]	X \$ 125 =]	X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			72 mi	nus 20 =	• 6	J		X \$ 25 =·	1360	OR	X \$ 50 =		
IND	EPENDENT C	AIMS	G n	ninus 3 =	•	6		X \$ 100 =	600	OR	X \$ 200 =		
MUI	MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 180 =		OR	+ \$ 360 =		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	85M)	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL E			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• · ··-	Minus -			=		X \$ 25 =		OR*	X-\$ 50=		
	Independent	•	Minus	***				X \$ 100 ::		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$.180 =	-	OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	n 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus .	**		3		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$.180 =	Œ.	OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	_	
									_		•		
•	If the entry in colu	mn 1 is less than the	entry in column :	2, write "0" in	column	3.		• .	•				

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Pald For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.